



THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF BANKS  
1000 Washington Street, 10<sup>th</sup> Floor, Boston, Massachusetts 02118

**FOREIGN TRANSMITTAL AGENCY  
ANNUAL REPORT TO THE COMMISSIONER OF BANKS  
FOR YEAR ENDED DECEMBER 31, 2017**

Each entity licensed as a foreign transmittal agency under Massachusetts General Laws, chapter 169 §1 is required to file an Annual Report for the calendar year ending December 31<sup>st</sup> by March 31<sup>st</sup> of the following year.

**Massachusetts General Laws chapter 169, §9 and the Division of Banks' regulation 209 CMR 45.12 require foreign transmittal agencies to file an Annual Report to the Commissioner of Banks on or before March 31<sup>st</sup>. Per Massachusetts General Laws chapter 169, section 9 and the Division's regulations 209 CMR 45.12, a late fee of \$5.00 per day will be assessed to licensees that fail to provide an Annual Report to the Division on or before March 31, 2018.**

**The Annual Report consists of two schedules:**

SCHEDULE A	Total transactions conducted by Licensee in 2017
SCHEDULE B	Breakdown of transactions conducted at each Agent's licensed location 2017

The Annual Report must be completed typewritten or legibly written in ink. Each schedule needs to be fully completed. Any item which is not applicable to the licensee should be properly noted and reasons provided. Where insufficient space is provided to set forth the facts adequately, please attach an addendum to the schedule giving the details. Please make copies of Schedule B as needed.

The Annual Report must be submitted by e-mail. Massachusetts General Laws chapter 169, §9 and the Division of Banks' regulation 209 CMR 45.12 require foreign transmittal agencies to file an Annual Report to the Commissioner of Banks on or before March 31<sup>st</sup>. Per Massachusetts General Laws chapter 169, section 9 and the Division's regulations 209 CMR 45.12, a late fee of \$5.00 per day will be assessed to licensees that fail to provide an Annual Report to the Division on or before March 31, 2018 to:

**The Division's e-mail address is: [Dob.ftannualreport@state.ma.us](mailto:Dob.ftannualreport@state.ma.us)  
Please do not mail a hard copy of the report to the Division.**

Please retain a copy of the Annual Report for your records. If you have any questions regarding this report, please contact Chief Director Elizabeth Benotti (617) 956-1500 extension 61541.

**ANNUAL REPORT TO THE COMMISSIONER OF BANKS  
FOREIGN TRANSMITTAL AGENCY  
FOR THE YEAR ENDED DECEMBER 31, 2017**

**SCHEDULE A**

**NAME OF LICENSEE:** \_\_\_\_\_

**Provide the following information for the person responsible for the information contained in this annual report:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
The undersigned is authorized to attest that the attached schedules of the report have been prepared in conformance with the issued instructions and are true to the best of my knowledge and belief. This report must be signed by an authorized officer and must be attested to by at least one director.

We, the undersigned directors, attest to the correctness of the attached schedules of the report and declare that they have been examined by us and to the best of our knowledge and belief have been prepared in conformance with the instructions issued and are true and correct.

_____ Signature of authorized officer	_____ Typed name and title	_____ Date signed
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_____ Signature of director	_____ Typed name and title	_____ Date signed
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_____ Signature of director	_____ Typed name and title	_____ Date signed
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On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned notary public, personally appeared the above named and proved to me through satisfactory evidence of identification, which was/were the person(s) whose name(s) is/are signed on this document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

My Commission Expires:  
(Stamp or Seal)

\_\_\_\_\_  
Notary Public

- (1) Provide the total amount received for remittance to foreign countries during 2017. Divide the total amount of all transactions during 2017 by 52. This is the weekly average of money remitted. Multiply this number by 2 to get twice the weekly average. The Licensee will be required to provide a Bond or Security equal to at least twice the weekly average amount of transactions or a minimum of \$50,000, whichever is more.

COLUMN A	COLUMN B	COLUMN C
TOTAL AMOUNT RECEIVED FOR REMITTANCE ABROAD DURING 2017	COLUMN A ÷ 26 (TWICE WEEKLY AVERAGE ) <u>REQUIRED BOND AMOUNT</u>	BOND AMOUNT AS OF 12/31/17

The amount listed in Column B or \$50,000, whichever is greater, is the minimum bonding requirement for the Licensee. If the amount in Column B is greater than the mount in Column C, you must immediately increase your bond coverage to meet or exceed the amount in Column B.

- (2) State through whom payments are made in foreign countries, giving the full address. Provide a separate addendum if needed.

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- (3) State receipts of transmission order not received within 7 days as required by law.

NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

REASON FOR DELAY: \_\_\_\_\_

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**(4) State the amounts on deposit in savings banks, national banks and trust companies as of December 31, 2017:**

<b>BANK:</b>	<b>AMOUNT</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**(5) State amounts on deposit in foreign banks as of December 31, 2017:**

<b>BANK:</b>	<b>AMOUNT</b>
	\$
	\$
	\$
	\$
	\$

**ANNUAL REPORT TO THE COMMISSIONER OF BANKS  
FOREIGN TRANSMITTAL AGENCY  
FOR THE YEAR ENDED DECEMBER 31, 2017**

**SCHEDULE B**

A separate Schedule B is required to be completed for each location in Massachusetts which the licensee conducted business from during 2017. You may reproduce as many copies of Schedule B as necessary.

**NAME OF LICENSEE:** \_\_\_\_\_

**NAME OF LOCATION (AGENT):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**LICENSEE NUMBER:** \_\_\_\_\_

**(B.1.) List the total number of transactions and amounts received per month for remittance to foreign countries at the licensed location listed above during 2017:**

<b>PERIOD</b>	<b>TOTAL # OF TRANSACTIONS</b>	<b>TOTAL \$ AMOUNT TRANSMITTED</b>
<b>1/1/2017 – 3/31/2017</b>		
<b>4/1/2017 – 6/30/2017</b>		
<b>7/1/2017 – 9/30/2017</b>		
<b>10/1/2017 – 12/31/2017</b>		
<b>2017 TOTALS*</b>		

\* The Total # of Transactions and the Total \$ Amount Transmitted for all Schedule Bs submitted should match the company-wide totals reported on the MSB call report submitted through NMLS.

**(B.2.) List the countries the licensed location remitted to.**

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